

**BARRY GLASSMAN**  
HARFORD COUNTY EXECUTIVE

**BILLY BONIFACE**  
DIRECTOR OF ADMINISTRATION



**ROBERT F. SANDLASS, JR.**  
TREASURER

## MONTHLY HARFORD COUNTY HOTEL OCCUPANCY TAX REPORT

Business (Trade) Name: \_\_\_\_\_  
Property Address \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Real Estate Tax Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Period (Month/Year): \_\_\_\_\_ Due Date: \_\_\_\_\_

**Please remit to:**

REVENUE COLLECTIONS  
220 S. Main Street 1<sup>st</sup> Floor  
Bel Air, MD 21014  
Phone: (410) 638-3314  
Fax: (410) 879-4883

**ACH Instructions**

Bank Name: M&T BANK  
Bank Address: 1 M&T Plaza  
Buffalo, NY 14240  
Bank ABA: 022000046  
Account Number: 83024242  
Acct Title: Harford County Government

**IMPORTANT** - This report with remittance for tax shall be received on or before the 25<sup>th</sup> day of each month, covering the amount of tax collected during the preceding calendar month or be subject to penalty and interest. *A return must be filed even if no tax is due.*

Additional information can be viewed online at [www.harfordcountymd.gov/hoteltax](http://www.harfordcountymd.gov/hoteltax)

Note: If there is a change of ownership, a new registration form must be completed and two separate returns must be filed providing date of occurrence.

### I. ROOM RENTAL DATA

1. Gross Room Rental Receipts (excluding all room tax) \$ \_\_\_\_\_
2. Less Room Rental Receipts from Exempt and/or Non-Transients (length of stay over 30 days) \$( \_\_\_\_\_ )
3. Net Room Rental Receipts Subject to Tax (Line 1 less Line 2) \$ \_\_\_\_\_

### II. TAX COMPUTATION

4. Tax Collected (6% of Line 3 Above) \$ \_\_\_\_\_
5. Plus Interest on month or fraction of month past due (Line 4 x 6% ÷ 365 x days past due) \$ \_\_\_\_\_
6. Plus Penalty-10% of past due tax amount \$ \_\_\_\_\_
7. **Total Tax Due, and remitted herewith** (Total of lines 4, 5 & 6) \$ \_\_\_\_\_

**(If paying by check, please mail one copy of report with payment to above address. If paying by ACH, please email your report to [HotelTax@harfordcountymd.gov](mailto:HotelTax@harfordcountymd.gov) ).**

I declare under penalty of perjury, that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name of authorized signer

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Contact e-mail address

Reserved for Revenue Collections Office

Date received: \_\_\_\_\_